

1.0 Description of the Procedure

A short lingual frenulum creates a medical problem when it significantly restricts the range of tongue-tip mobility required for feeding, speech, maintenance of oral hygiene, or when it causes stripping of tissues lingual to lower anterior teeth. Surgery of the lingual frenulum relieves these conditions.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Procedure is Covered

Surgery of the lingual frenulum is covered for the following conditions:

- The tongue-tip cannot move upward to the alveolar ridge or incisor teeth.
- There is significant dysfunction in feeding, speech or in the maintenance of oral hygiene.
- There is stripping of tissues lingual to lower anterior teeth.

4.0 When the Procedure is Not Covered

Surgery of the lingual frenulum is not covered when the criteria listed in **Section 3.0** and guidelines in **Section 5.0** are not met.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required except as indicated below. The following information must be submitted with the prior approval request:

1. Medical documentation that the tongue-tip cannot move upward to the alveolar ridge or incisor teeth; or
2. Medical documentation that there is significant dysfunction in feeding, speech or in the maintenance of oral hygiene; or
3. Medical documentation that there is or will probably be stripping of tissues lingual to lower anterior teeth.

Prior approval is not required for recipients ≤ 30 days of age when the claim contains diagnoses 750.0 and 779.3 for CPT codes 41010 or 41115.

5.2 Limitation

Surgery of the lingual frenulum is limited to once per lifetime.

6.0 Providers Eligible to Bill for the Procedure

Physicians or dentists enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Form

Providers bill professional physician services on the CMS-1500 claim form.

8.2 Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity.

8.3 Procedure Codes

CPT codes that are covered by the Medicaid program include:

- 41010
- 41115
- 41520

Dental providers should refer to medical coverage policy **4A Dental** for the specific covered codes and billing guidelines.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: January 1, 1974

Revision Information:

Date	Section Revised	Change
04/01/04	Sections 1.0, 3.0, and 5.0	Added “stripping of tissues lingual to lower anterior teeth”
04/01/04	Section 5.1	Exempted recipients \leq 30 days of age from PA for 41010 or 41115 when 750.0 and 779.3 are on claim.
04/01/04	Section 6.0	Added dentists
9/01/05	Section 2.0	A special provision related to EPSDT was added.
12/01/05	Section 2.2	The web address for DMA’s EDPST policy instructions was added to this section.